

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MULTIPLE DEPENDENT CLAIM

FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number _____ Filing Date _____

Applicant(s) _____

J. H. Liu & B. Z. Jang

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	X					
2		X				
3	X					
4	X					
5	X					
6	X					
7	X					
8	X					
9	X					
10	X					
11	X					
12	X					
13	X					
14	X					
15	X					
16	X					
17	X					
18	X					
19	X					
20	X					
21	X					
22	X					
23	X					
24	X					
25	X					
26	X					
27	X					
28		X				
29		X				
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	26	←	←	←		
Total Claims	29					

*	*	*
Indep	Depend	Indep
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		
Total Indep		←
Total Depend		←
Total Claims		←

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:
Assistant Commissioner for Patents, Washington, DC 20231.

CLAIMS ONLY							SERIAL NO. 09829548	FILING DATE 04-10-01
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	3							
TOTAL DEP.	26	↓	↓	↓				
TOTAL CLAIMS	29							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS